2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 735149

Entity Name: OPTIMIST CLUB OF MIAMI SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

1101 WREN AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 66-0071
MIAMI SPRINGS, FL 33266

New Mailing Address:

FEI Number: 59-6155179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOB, GEORGE V
860 PLOVER AVE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE V. LOB
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MULET, GREGORIO
Address: 217 HUNTING LODGE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VPD ( ) Delete
Name: SILVA, TONY
Address: 1298 ROBIN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PD ( ) Delete
Name: LOB, GEORGE
Address: 860 PLOVER AVE
City-St-Zip: MIAMI, FL 33166

Title: SY ( ) Delete
Name: KARPIS, ALEX
Address: 1170 QUAIL AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VPD ( ) Delete
Name: LYCKE, TIM
Address: 272 PAYNE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE V. LOB PD 04/16/2009
Electronic Signature of Signing Officer or Director Date